### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State.	inditana			
	ELIGIBIL	ITY (	CONDITIO	ONS AND REQUIREMENTS
Citation(s)			Conditi	ion or Requirement
	A.	Gen	eral Con	nditions of Eligibility
		Eac	h indiv	idual covered under the plan:
42 CFR Part 435, Subpart G		1.	standar	ancially eligible (using the methods and rds described in Parts B and C of this ment) to receive services.
42 CFR Part 435, Subpart F		2.	Meets to	the applicable non-financial eligibility ions.
		a.	For the	e categorically needy:
			(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
			(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act			(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 93-11
Supersedes
TN No. 92-02
Approval Date 4 29 93 Effective Date 01/01/93

.53

ision: HCFA-PM-91-4

(BPD)

AUGUST 1991

ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

State: MONTANA

Citation

## Condition or Requirement

b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.

1905(p) of the Act

c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.

1905(s) of the Act

d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).

TR 402

- 3. Is residing in the United States and-
  - a. Is a citizen;

Sec. 245A of the Immigration & Naturalization Act b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 42 CFR 435.408;

1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act

c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

TN No. 92-13			11.1.	
Supersedes	Approval	Date	4/6/92	Ef

fective Date 01/01/92

HCFA ID: 7985E

sion: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

State: MONTANA

Citation

### Condition or Requirement

- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).

42 CFR 435.403 1902(b) of the Ant

- 4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
  - State has interstate residency agreement with the following States:

<u></u> /	State	has	open	agreement	(s)	) .

Not applicable; no residency requirement.

TN No. Supersedes o. 89(10)18

89(10)9

Approval Date

Effective Date 10/01/91

HCFA ID: 7985E Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.6-A

Page 3a

OMB No.: 0938-

State/Territory: Montana

.

Condition or Requirement

42 CFR 435.1008

Citation

5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.

// Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145 1912 of the Act 6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 93-20 Supersedes	Approval Date	4/29/93	Effective Date	01/01/93	
may av		• 1			

TN No. 92-13

HCFA ID: 7985E

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.6-A

Page 3a.1

OMB No.: 0938-

State/Territory:

Montana

Citation

#### Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to ' cooperate.

/X/ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. Supersedes	93-20 Approval Date	4/29/93	Effective Date _	01/01/93
TN No.	92-09	1 /	HCFA ID: 7985E	

`sion:

HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.6-A

Page 3b

OMB No.: 0938-

State: \_\_\_\_MONTANA

Citation

## Condition or Requirement

1902(c)(2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

1902(e)(10)(A) and (B) of the Act

9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.6-A Page 3c

State/Territory:

Montana

OMB No.: 0938-

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No. 92-09
Supersedes Approval Date 1 24 93 Effective Date 10/01/91

TN No. NEW

HCFA ID: '7985E

Revision:

HCFA-PM-97-2 December 1997 ATTACHMENT 2.6-A Page 4 OMB No :0938-0673

		•	OMB No.:0938-0673			
State	2:	MONTANA				
Citation			Condition or Requirement			
В.	Posteligibil Ind	ity '	Treatment of Institutionalized uals' Incomes			
			e following items are not considered in the steligibility process:			
1902(o) of the Act		a.	SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.			
Bondi v Sullivan (SSI)		b.	Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.			
1902(r)(1) of the Act		c.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).			
105/206 of P. L. 100-383		d.	Japanese and Aleutian Restitution Payments.			
1. (a) of P.L. 103-286		e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).			
10405 of P.L. 101-239		f.	Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)			
6(h)(2) of P.L. 101-426		g.	Radiation Exposure Compensation.			
12005 of P. L. 103-66		h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.			
TN No. 00-00	3					

TN No. 00-003 Supersedes	Approval Date_	11/02/00	Effective Date_	10-01-2000
TN No. 92-02				

Revision: HCFA-PM-97 December 19 State: MONTANA		ATTACHMENT 2.6-A Page 4a OMB No.:0938-0673
Citation	Condition or Requiren	nent
1924 of the Act 2. 435.725 435.733 435.832	The following monthly amounts for p deducted from total monthly income i of an institutionalized individual's or income to the cost of institutionalized Personal Needs Allowance (PNA) of	n the application couple's care: not less than \$30
	For Individuals and \$60 For Couples Institutionalized Persons.  a. Aged, blind, disabled: Individuals \$_40	ror All
	Couples \$ 80  For the following persons with gre	ater need:
	Supplement 12 to Attachment 2.6-greater need; describes the basis or determining the deductible amount amount is not listed above; lists the be met; and, where appropriate, id organizational unit which determine	formula for when a specific e criteria to entifies the
	b. AFDC related: Children \$ 40 Adults \$ 40	
	For the following persons with great	ater need:
	Supplement 12 to Attachment 2.6-greater need; describes the basis or determining the deductible amount amount is not listed above; lists the and, where appropriate, identifies tunit which determines that a criterion	formula for when a specific e criteria to be met; he organizational
	c. Individual under age 21 covered in specified in Item B. 7. of Attachn \$	the plan as nent 2.2 -A.

TN No. 00-003 Supersedes	Approval Date_	11/02/00	Effective Date	10-01-2000
TN No. 92-02				

Revision:

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4b OMB No.:0938-0673

~		
· C.	tata:	
	IAIC.	

MONTANA

Citation

# Condition or Requirement

For the following persons with greater need:

Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
  - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to
%, of the official poverty level (still subject to maximum maintenance needs standard).

XX The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No. 00-003 Supersedes	Approval Date_	11/02/00	Effective Date 10-01-2000
TN No. 92-02			